

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | W. G     |        | 8/16/99  |
| O.I.P.E. CLASSIFIER |          | 25     | 23-10-99 |
| FORMALITY REVIEW    |          | 71090  | 8/27     |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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